

Physicians need a proactive approach to managing concussions in young athletes

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By Patricia A. Costante

Thanks in part to the widespread attention of concussions among high-profile professional athletes, the medical community, many states and other groups have recognized that these types of head injuries can also have a devastating impact on young athletes. Second and third concussions could have long lasting and even catastrophic effects. As the 2011-2012 school year gets into full swing, physicians have an opportunity to take a proactive role in addressing what's become a serious medical issue among those 18 and younger.

Startling statistics

Research on the prevalence and impact of concussions on young athletes has created new awareness about the problem. And the latest statistics are sobering. In 2010, more than 3.7 million youngsters nationwide had concussions while taking part in sports and recreation.

According to the Centers for Disease Control and Prevention (CDC), about 135,000 U.S. children ages 5 to 18 are treated in emergency rooms each year for sports- and recreation-related concussions and traumatic brain injuries. And many more suffer these types of injuries but aren't treated.

Plus, nearly 10% of all high school athletic injuries are due to concussions, according to an AMA spokesperson. The Center for Injury Research and Policy reported that among high school athletes who suffer concussions, 40% return to play too soon.

States enacting strict laws

More than 20 states have enacted passed legislation to help protect young athletes. One of the most comprehensive concussion laws was passed in late 2010 by the state of New Jersey and took effect on September 1, 2011. Under terms of the law, student athletes who are suspected of having a concussion must be removed immediately from play, and not be allowed to resume activity until an evaluation by a concussion specialist.

New Jersey's law also mandates the Education department to create an interscholastic athletic head-injury safety program starting with this 2011-2012 school year. This educational program will have to be taken by school doctors, coaches and trainers. Plus, information about concussions will be distributed to athletes' parents. School districts will also have to craft a written policy on concussion prevention and treatment. And athletic trainers licensed by the



state will have to complete 24 credits of continuing education, some about concussions, to renew their licenses every two years. These trainers will need to complete 75 credits of continuing education every three years to keep their national accreditation.

Last August, Arizona became the first state in the country to require all male and female athletes undergo concussion education and pass a formal test before playing sports. This program, which may become a model for other states to follow, was designed by the Arizona Interscholastic Association, Barrow Neurological Institute at St. Joseph's Hospital and Medical Center and the Arizona Cardinals. Many officials there expect the new law to change the face of high school sports.

Many New Jersey high schools now conduct baseline testing that measure blood flow to the brain should a concussion be suspected. However, there is still much work to be done. Many physicians, trainers and coaches remain unaware of concussion protocols. Most students are unaware of the risks, and athletic directors often complain that some parents want to rush their kids back into action in hopes of proving them worthy of scholarship money.

Medical community taking action

In the past few years, the medical profession has stepped up its concussion prevention efforts. The American Medical Association is calling for more protection of young athletes from the impact of concussions. At a meeting in late 2010, the AMA House of Delegates adopted a policy that youths suspected of suffering a concussion get written approval by a doctor before returning to the playing or practice field.

The AMA also adopted a policy to support legislation mandating the use of helmets by youths 17 and under while skiing and snowboarding (while also encouraging adults to use helmets). Plus, the AMA will encourage schools and those involved youth sports organizations—including coaches, trainers, athletes and parents—to become more educated about concussions.

The American College of Sports Medicine had published guidelines in 2006 to help physicians diagnose and treat concussions in athletes. And last fall, the American Academy of Neurology issued a position statement that players who may have a concussion should be kept from returning to action until they're evaluated by a physician.

Physicians taking the lead

Throughout the country, physicians are starting to take a necessary proactive role in the prevention and treatment of concussions and other head injuries. With New Jersey's new legislation now in effect, physicians in the state have an opportunity to take the lead on this important issue.

Among the steps physicians can take:

- Follow established clinical guidelines about return-to-play decisions according to recent state law. The physician is in the position of overseeing final return and by law is the only person permitted to release the student-athlete following a diagnosed concussive episode.

- Talk to parents of young athletes, encouraging them to look out for any head injuries—even seemingly minor ones—and be sure their child is examined by a physician before returning to the playing field. If you are a family physician or pediatrician, you should always be informed about any type of concussion, no matter how minor it may seem at the time.
- Have brochures and flyers on concussion prevention, diagnosis and treatment available at your office.
- Lobby to change the high school football rules to limit the violent hits. Urge young athletes—with their parents' support—to use helmets for sports like bicycling, skiing and snowboarding.
- Train coaches and teachers on what red flags they should be watching out for and how to refer an athlete for evaluation. Coaches are often the first to see an impact that might produce a concussion. Classroom teachers may be the first to notice subtle differences in the student-athlete's ability to focus, remember new information and get along with classmates.
- Become involved with local school districts. All community physicians, in addition to the team and school physicians, should be familiar with school personnel who work daily with the concussed student-athlete such as the certified athletic trainer, school nurse and school psychologist in order to ensure consistent and thorough care.
- Reach out to any well-known athletes you know, who, as role models, may be able to help deliver a powerful message about the potentially devastating effects of concussions and head injuries and the need for prevention.
- Find other ways to encourage your community to take the issue of concussions among young athletes seriously.

Taking the lead role

Concussions have become the entire country's issue. Still, so many young athletes and their families don't take it seriously enough. As a physician, you can play a vital role in education and other grass roots efforts, and thus make a huge difference to so many in your community. So figure out the best way to get involved.

About the author

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